

7-16-01

07/13/01



3682 U.S. PTO

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Approved for use through 09/30/2000 OMB 0651-0032 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. ARC 2300N2First Inventor or Application Identifier Sonya MERRILLTitle HYDROMORPHONE THERAPYExpress Mail Label No. EL523935288US

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 48]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10]
4. Oath or Declaration [Total Pages 3]
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☒ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☒ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
13. ☐ * Small Entity Statement filed in prior application Statement(s) ☐ Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Other:

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 09/244,188
Prior application information: Examiner SHARAREH, S. Group / Art Unit: 1619

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22921 or ☐ Correspondence address below
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Name ALZA CORPORATION

Address 1900 CHARLESTON ROAD M/S M10-3B

City MOUNTAIN VIEW State CA Zip Code 94043

Country USA Telephone 650-564-4193 Fax 650-564-2195

Name (Print/Type) JOHN A. DHUEY Registration No. (Attorney/Agent) 26,265

Signature John A. Dhuey Date 8-13-01

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09/05/566
07/13/01

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FEE TRANSMITTAL**for FY 2000**Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT (\$)** 2,762.00**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Sonya MERRILL
Examiner Name	SHARAREH, S.
Group / Art Unit	1619
Attorney Docket No.	ARC 2300N2

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	01-1173
Deposit Account Name	ALZA Corporation

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☐
- Payment Enclosed:
- ☐
- Check
- ☐
- Money Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
101	690	201	345		Utility filing fee	710.00
106	310	206	155		Design filing fee	
107	480	207	240		Plant filing fee	
108	690	208	345		Reissue filing fee	
114	150	214	75		Provisional filing fee	

SUBTOTAL (1) (\$) 710.00**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
54	20**	34	612
21	3**	18	1440
	Multiple Dependent		0

**For number previously paid, if greater; For Reissues, see below

Large Entity Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
103	18	203	9		Claims in excess of 20	
102	78	202	39		Independent claims in excess of 3	
104	260	204	130		Multiple dependent claim, if not paid	
109	78	209	39		** Reissue independent claims over original patent	
110	18	210	9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 2,052.00**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)		
105	130	205	65		Surcharge - late filing fee or oath	0.00
127	50	227	25		Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130		Non-English specification	0.00
147	2,520	147	2,520		For filing a request for reexamination	0.00
112	920*	112	920*		Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action	0.00
115	110	215	55		Extension for reply within first month	0.00
116	380	216	190		Extension for reply within second month	0.00
117	870	217	435		Extension for reply within third month	0.00
118	1,360	218	680		Extension for reply within fourth month	0.00
128	1,850	228	925		Extension for reply within fifth month	0.00
119	300	219	150		Notice of Appeal	0.00
120	300	220	150		Filing a brief in support of an appeal	0.00
121	260	221	130		Request for oral hearing	0.00
138	1,510	138	1,510		Petition to institute a public use proceeding	0.00
140	110	240	55		Petition to revive - unavoidable	0.00
141	1,210	241	605		Petition to revive - unintentional	0.00
142	1,210	242	605		Utility issue fee (or reissue)	0.00
143	430	243	215		Design issue fee	0.00
144	560	244	280		Plant issue fee	0.00
122	130	122	130		Petitions to the Commissioner	0.00
123	50	123	50		Petitions related to provisional applications	0.00
126	240	126	240		Submission of Information Disclosure Stmt	0.00
561	40	561	40		Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345		Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345		For each additional invention to be examined (37 CFR § 1.129(b))	0.00
					Other fee (specify)	0.00
					Other fee (specify)	0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0.00**SUBMITTED BY**

Name (Print/Type) John A. Dhuey

Registration No. (Attorney/Agent)

26,265

Complete if applicable

Telephone (650)-564-5699

Signature

John A. Dhuey

Date

July 13, 2001

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09905526-071301

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: MERRILL, Sonya

Application No.: NOT YET ASSIGNED
Filed: HEREWITH
For: HYDROMOROPHONE THERAPY

Group No.: 1619
Examiner: SHARAREH, S.

Assistant Commissioner for Patents
Washington, D.C. 20231

EXPRESS MAIL CERTIFICATE

"Express Mail" label number EL 523935288 US
Date of Deposit 07/13/2001

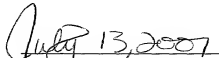
I hereby state that the following *attached* papers or fee

1. RETURN RECEIPT POSTCARD
2. UTILITY PATENT APPLICATION (1 PAGE)
3. FEE TRANSMITTAL FORM (1 PAGE)
4. DECLARATION AND POWER OF ATTORNEY FORM (3 PAGES)
5. REVOCATION AND NEW POWER OF ATTORNEY FORM W/ CERTIFICATE UNDER 37.CFR §3.73(B) (7 PAGES)
6. INFORMATION DISCLOSURE STATEMENT W/ INFORMATION DISCLOSURE CITATION (5 PAGES)
7. PRELIMINARY AMENDMENT

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. section 1.10, on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

MARIA E. VALENZUELA


Signature of person mailing paper or fee


Dated

09905528-071301